

United States Government

Department of Energy  
Oak Ridge Operations Office

# memorandum

DATE: June 17, 2003

REPLY TO

ATTN OF: AD-442:Stotelmeyer

SUBJECT: **LEAVE DONATION SOLICITATION FOR SCOT PLUM**

TO: All ORO, YSO, and OSTI Employees

Mr. Scot Plum, Facilities Assistant, National Energy Technology Laboratory, has been approved for an extension as a leave recipient under the Voluntary Leave Transfer Program. Mr. Plum was diagnosed with a severe staph infection and underwent emergency surgery. Additional hospitalization has now become necessary, and Mr. Plum will be out of the office for an extended period of time.


Employees who wish to donate earned annual leave to Mr. Plum may do so by completing the "Leave Donation Form" on the reverse side of this announcement. When completed, the form should be given to your time and attendance representative for forwarding to the Payroll Office.

**Note:** If you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose."

Your attention is called to the following requirements of the program:

1. Only earned annual leave may be donated which includes any "carryover" hours and "restored" hours.
2. The maximum annual leave donation by an employee is limited to one half the number of hours the donating employee will earn in the current leave year. (26-day category - 104 hours; 20-day category - 80 hours; 13-day category - 52 hours).

If you should have any questions, please contact your Human Resources Specialist.

  
Melanie M. Kent, Chief  
Personnel and Management  
Analysis Branch

Attachment

U.S. DEPARTMENT OF ENERGY

LEAVE DONATION

(Submit completed and signed original form to your timekeeper)

Donor's Name (Last, First, M.I.)

SSN

Donor's Organization

Recipient's Name

Scot Plum

Recipient's Organization

DOE, National Energy Technology Laboratory  
Office of Business Logistics, Site  
Operations Division

For Non-DOE Recipient, Enter Mailing Address of Recipient's Payroll Office

I hereby authorize the transfer of \_\_\_\_\_ hours of my annual leave to the above named leave recipient. I certify that I am scheduled to work at least that many hours before the end of the leave year, and that the leave recipient is not my supervisor.

\_\_\_\_\_ Donor's Signature \_\_\_\_\_ Date

Check here to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account.)

FOR PAYROLL USE

\_\_\_\_\_ hours of leave has been deducted from donor's account.

Name of Payroll Clerk

FTS Phone No.

\_\_\_\_\_ Signature of Payroll Clerk \_\_\_\_\_ Date

\_\_\_\_\_ hours of leave has been credited to recipient's account.

Name of Payroll Clerk

FTS Phone No.

\_\_\_\_\_ Signature of Payroll Clerk \_\_\_\_\_ Date

Acceptance of this donation is necessary to avoid placing the recipient on leave without pay, and the limitations imposed by 5 CFR 630.908 are therefore waived.

\_\_\_\_\_ Chief of Payroll \_\_\_\_\_ Date

Privacy Act Statement

5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be charged to the proper account.